DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 100202925-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

the specification of which							
() was filed on	as US Application No. or PCT International Application						
Number	and v	was amendo	ed on	(if applicable).			
	nended by any	amendmen	t(s) referred to abo	ne above-identified specification ove. I acknowledge the duty to CFR 1.56.			
Foreign Application(s) and/or Clai	n of Foreign Priority	,					
	and have also ider	ntified below a	any foreign application fo	f any foreign application(s) for patent o or patent or inventor(s) certificate having			
COUNTRY	APPLICATION	N NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119			
			*	YES: NO:			
				YES: NO:			
Provisional Application	•						
I hereby claim the benefit under below:	Title 35, United Sta	ates Code Sec	ction 119(e) of any Unit	ed States provisional application(s) liste			
	APPLICATION NUM	MBER	FILING DATE				
I hereby claim the benefit under							
manner provided by the first par- information as defined in Title 37	each of the claims o agraph of Title 35, t Code of Federal Re	of this applica United States egulations, Se	tion is not disclosed in Code Section 112, I ac ction 1.56(a) which occ	d States application(s) listed below and the prior United States application in the knowledge the duty to disclose materia urred between the filing date of the prio			
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Inventor's Signature

Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 100202925-1

Full Name of joint inventor:	Steven W. Steinfield		Citizenship:	US	
Residence:	9606 Lynne Anne Lane, San D	iego, CA 9	2129		
Post Office Address:	Same As Above				
Inventor's Signature		Date			_
Full Name of joint inventor:	Joseph E. Scheffelin		Citizenship:	US	
Residence:	13029 Pomard Way, Poway, C	A 92064			
Post Office Address:	Same As Above	· · · · · · · · · · · · · · · · · · ·			
Inventor's Signature		Date			
		Date			
Full Name of Joint Inventors	M loffen, laslman		Citizenship:	He	
Full Name of joint inventor:	M. Jeffery Igelman 7420 NW Valley View Drive, C	Corvallie OB	_		—
Residence:	Same As Above	orvanis, Or	37550		
Post Office Address:	Same As Above				
Inventor's Signature	····	Date			
Full Name of joint inventor:	Frank J. Bretl		Citizenship:	US	
Residence:	6450 NW Kestrel Hill Lane, Co	rvallis, OR 9			
Post Office Address:	Same As Above				
rost Office Address.					
Inventor's Signature		Date	 		
Full Name of joint inventor:			Citizenship:	·	
Residence:					
Post Office Address:					
Inventor's Signature		Date			
Full Name of joint inventor:		· · · · · · · · · · · · · · · · · · ·	Citizenship:		
Residence:					_
Post Office Address:					_
Inventor's Signature					
inventor's Signature		Date			
Full Name of joint inventor:			Citizenship:		_
Residence:					
Post Office Address:					
Inventor's Signature		Date		· .	